



Request for Funding through Transient Guest Tax Revenue Guidelines Non-Marketing Application

Please read the following information thoroughly before completing the application.

Definition of Transient Guest Tax:

A tax collected by lodging establishments from their overnight guests that is remitted to the Kansas Department of Revenue on behalf of the city. Ninety-eight percent (98%) of the tax is returned to the city for use in promoting tourism. The remaining 2% is kept by KDOR to offset the cost of administering the tax. The current transient guest tax rate as set forth by city charter ordinance is: 6%.

Purpose of Funds:

The purpose of transient guest tax funds is to fulfill the requirements set forth by the Garnett Tourism Mission Statement:

To promote tourism in Garnett and Anderson County in cooperation with both public and private sectors, fostering communication and encouraging collaborative marketing strategies; generating travel and enhancing the image of Garnett and Anderson County; to maximize employment and to benefit the economy and quality of life in Garnett and the surrounding area by developing and promoting Garnett and Anderson County as a competitive tourist destination.

Requirements:

1. Request shall be in writing using this application.
2. Projects funded under this grant will adhere to one or more of the following:
 - a) Support a community activity, attraction or event.
 - b) Position the activity, attraction or event and this community as a unique destination to attract new visitors and their spending;
 - c) Be a component of an event in which the organization can build a solid, sustainable infrastructure;
 - d) Maximize the economic impact of an event or attraction.
3. Funding requests under this grant application will be reviewed by the Garnett Tourism Advisory Committee with recommendation provided to the Garnett City Commission for final approval.

4. Documentation including the after project completion report and receipts for reimbursement must be submitted no later than 60 days of the last date of the event in which funds are requested.

If approved, the following documentation is required:

1. A copy of supporting documents (bills, invoices) must be turned into Garnett City Hall for reimbursement and a check for the amount requested will be issued. PLEASE NOTE: Reimbursement is for approved expenses outlined in this application. No deviation from submitted application will be funded. Following the completion of the event or project, applicant must fill out and return the "Transient Guest Tax Reimbursement Report" that is attached to this application, along with any additional information summarizing how these funds made an impact on your project, activity, attraction or event (be specific), and if there was an increase in attendance from prior year, etc. Please note that choosing not to submit this information can affect future funding requests.

Questions? Please contact Garnett City Hall, (785) 448-5496.



-Official Use-
Date Received _____
Tourism Y/N _____
City Com Y/N _____
Report Received _____

Non-Marketing Request Form / Application for Funding through Transient Guest Tax Revenue

Date of Application: _____

Name of Organization
making request: _____

Tax Number or EIN: _____

Representative of Organization:
(Contact Person) _____

Address: _____

City/State/Zip: _____

Contact Person's Business Telephone: _____

Contact Person's Home Phone: _____

Fax #: _____

E-Mail Address: _____

Name of Event or Project Description _____

Website and social media addresses: _____

Funding Request: \$ _____

Project Completion Date: _____

Please explain how these funds will be used. Please include vendor, description of purchase and cost. Attach copy of invoices, if possible:

TOTAL: \$ _____

Check what is applicable and then please tell us how the use of these funds will:

Generate additional visitors to your event and/or the community.

Increase employment and/or benefit the economy.

Impact quality of life in Garnett and the surrounding area, and/or help Garnett and Anderson County as a competitive tourist destination.

Does the project as outlined in this application already exist; is there another organization or attraction that has this or has it been done before?

Yes No If yes, please explain.

Other benefits and impact to the community:

Have you applied to other sources for funding for this purpose, and if so, please explain (grants, requests to governmental entities, solicit sponsorships for your event or project, receive tax monies in any form?):

Do you have a marketing plan with goals to achieve to maximize the effectiveness of this project through advertising? Yes ___ No ___

Describe the outcome to be realized if this application is approved:

Describe the outcome to be realized if this application is not approved:

Have you been awarded transient guest tax money in the past?

Yes ___ No ___ If Yes, what years: _____

Upon completion of this Request / Application Form, please return to Garnett City Hall, 131 West 5th Avenue, PO Box H, Garnett, KS 66032.

This request will be reviewed by the Garnett Tourism Advisory Committee at their next regular monthly meeting. The committee will vote on a recommendation to either approve or deny this request and that decision will be forwarded to the Garnett City Commission. The Garnett City Commission will then consider the committee's recommendation and ultimately approve or deny the request.

Thank you for making application to this program and for your efforts to bring visitors to our community.

Sincerely,

The Garnett Tourism Committee



**Non-Marketing
Transient Guest Tax Reimbursement Report**
This report is required to be submitted at project completion.

Please submit this completed report along with supporting documents (invoices, receipts) to Garnett City Hall for reimbursement of the approved amount requested. A check will be issued for approval at the next regularly scheduled city commission meeting.

Name of Event or Project Description _____

Date of Event or Project: _____

Representative of Organization: _____
(Contact Person)

Address: _____

City/State/Zip: _____

Contact Person's Business Telephone: _____

Contact Person's Home Phone: _____

Fax #: _____

E-Mail Address: _____

Please answer each of these questions as completely as possible.

1. Was there an increase in attendance attributable to these funds –
____ YES ____ NO

2. What was the estimated attendance of your event: _____

A. How many were in-county residents? _____

B. How many were out-of-county visitors? _____

C. How many more people attended over
your current year anticipated attendance? _____

3. What was prior year estimated attendance: _____

4. How do you measure attendance (Ticket sales, facility capacity, count)?

5. Describe the overall impact your project had (or has) on the community. Answer each question. Be specific.

6. Did the result of this project improve quality of life in Garnett and the surrounding area, and/or help Garnett and Anderson County as a competitive tourist destination? Please explain.

Other benefits and impact to the community:

7. Were you satisfied with the results that were generated by these funds?

____ Very Satisfied ____ Satisfied ____ Not Satisfied

8. What would you do differently if given the chance?

9. Please provide any additional information or comments here:

Please continue to next page.

Please list the actual purchases below and attach corresponding receipts.
PLEASE NOTE: Reimbursement is for approved expenses outlined in this application. No deviation from submitted application will be funded.
Reimbursement will not be made without proper documentation.

<u>Name</u>	<u>Description</u>	<u>Cost</u>
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TOTAL: \$_____